

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET

NUMBER: \_\_\_\_\_

2009-78-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Earline James  
Address: 411 S. Blanding St  
Lake City SC 29560

Telephone: 843 374 8088  
Fax: 843 374 5388  
Other: 843 373 1885  
Email: genesisdaycare, ETC-1.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application – Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input checked="" type="checkbox"/> Application   | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

RECEIVED

FEB 17 2009

PSC SC  
DOCKETING DEPT.

FORM C-AC

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**  
**ATTN: DOCKETING DEPARTMENT**  
**101 EXECUTIVE CENTER DRIVE**  
**COLUMBIA, SC 29210**

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

(Office # 803-896-5100)

(Fax # - 803-896-5199)

**CLASS C - NON-EMERGENCY**

DATE 9/18/, 2008

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
 FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Genes<sup>I</sup> Adult Day Care <sup>INC.</sup> / ~~Transporting Services~~

2. (a) Street Address of Applicant 411 S. Blanding Street  
Lake City, SC 29560

(b) Mailing address, if different from street address

P.O. Box 517

Lake City, SC 29560

(c) Telephone Number 843 374 8088 Fed. II

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

Christopher A. James 2005 White Oak Rd Lake City, SC 29560  
Willie S. Meaney 2995 White Oak Rd Lake City, SC 29560

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith. Adult Day Care at the rate of \$45.00 plus \$15.00 one way to and from the center

6. The proposed list of equipment is as per Exhibit "D" included herewith.

2 Van's

RECEIVED

FEB 17 2009

PSC SC  
 DOCKETING DEPT.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: 9 Year: 2008

<b>Assets:</b>	
Cash	20,000
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	13,000
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
<b>Total Assets</b>	33,000
<b>Liabilities and Equity:</b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	0
<b>Total Liabilities</b>	0
Capital Stock	0
Retained Earnings	0
<b>Total Equity</b>	0
<b>Total Liabilities and Equity</b>	0

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF FlorenceI, Carline Jones  
(Name of Applicant's Representative)President  
(Title)

of Gensis Adult Day Care Services, the Applicant for the Certificate of Public (Applicant)  
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Lake CityThis the 11th day of February 2009Peggy McKenzie  
(Notary Public)Commission Expires: February 11th 2012Carline Jones  
(Signature of Applicant's Representative)

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

SEP 14 2001

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

FILED

SEP 14 2001

*Jim Miles*  
SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF INCORPORATION

*Jim Miles*  
SECRETARY OF STATE 3

TYPE OR PRINT CLEARLY IN BLACK INK

1. The name of the proposed corporation is Genesis I. Adult Daycare, Inc.
2. The initial registered office of the corporation is 411 South Blanding Street  
Street Address
3. Lake City Florence SC 29560  
City County State Zip Code

and the initial registered agent at such address is Earline James  
Print Name

I hereby consent to the appointment as registered agent of the corporation:

*Earline James*  
Agent's Signature

4. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:
  - a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 100,000.
  - b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares	Authorized No. of Each Class
_____	_____
_____	_____
_____	_____

The relative rights, preferences, and limitations of the shares of each class, and of each series within a class, are as follows:

5. The existence of the corporation shall begin as of the filing date with the Secretary of State unless

**Genesis I, Adult Daycare, Inc.**  
NAME OF CORPORATION

a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) \_\_\_\_\_

5. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).
6. The name, address, and signature of each incorporator is as follows (only one is required):

a. Earline James  
Name

PO Box 253, Cades, SC 29518  
Address

Earline James  
Signature

b. Wessie Gamble  
Name

PO Box 254, Scranton, SC 29591  
Address

Wessie L. Gamble  
Signature

7. I, Elbert K. Turbeville, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

Date 9/11/01

Elbert K. Turbeville  
Signature

Elbert K. Turbeville  
Type or Print Name

PO Box 699  
Address

Lake City, SC 29560

843-394-8511  
Telephone Number

NON EMERGENCY

EXHIBIT C

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Genesis Adult Day Care / Transporting Services

For the transportation of passengers as follows:

Area to be served: Florence, Williamsburg, Sumter

Darlington, Georgetown, Clarendon

Number of passengers: 15 passengers or more

Fares: \$3.5 per mile

Date 09/16/08

Pauline James  
By

Director  
Title

Rev. 8/00

**STATE OF SOUTH CAROLINA  
PUBLIC SERVICE COMMISSION  
DESCRIPTION OF EQUIPMENT**

\* Seats if passenger carrier or tonnage if freight carrier.  
\* Designate if equipped with wheelchair lift

ight carrier.

Carline James  
(Applicant)

Carline James  
(Applicant's Representative)

Director  
(Title)

INSURANCE QUOTE

The following insurance quote is for:

Genesis Adult Day Care INC.  
(Name of Motor Carrier)

411 S Blanding St, Lake City, SC 29360  
(Address of Motor Carrier)

\*Note: Bodily injury and property damage limits will not be less than the following:

- a. Liability Combined Each Occurrence \$1,000,000  
b. Medical Payments/Each Person \$1,000

Amount of Premium:

Liability Insurance \$ 5,334.00

The above quoted premiums are for a term of 12 months.

Stratford Insurance Company To Southern Cross  
(Insurance Company Name)

20 Bot 2576 Sumter SC 29151  
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

2/4/09  
Date

1 David L. Howdy  
(Authorized Insurance Company Representative)



EXHIBIT FWA

Name: Genesis Adult Day Care, Inc.  
 Address: 441 S. Blandmead  
 Telephone No. 943 374 8888 Fax No. 943 374 5288  
 U.S.D.O.T. No. \_\_\_\_\_ ICC No. \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes \_\_\_\_\_ No ✓ Pending \_\_\_\_\_ (Submit when received)  
 (If "yes", indicate rating and provide copy) Satisfactory \_\_\_\_\_  
 Conditional \_\_\_\_\_  
 Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No ✓

3. Are there currently any outstanding judgement(s) against Applicant?

Yes \_\_\_\_\_ No ✓  
 (If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ✓ No \_\_\_\_\_

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No \_\_\_\_\_

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Eveline Dume  
 (Applicant's Signature)

Sworn to before me

At Salem City SC

This 11th day of Feb, 2009

Peggy A. McKenzie  
 (Notary Public)

Commission Expires: February 04, 2012

**APPLICANT'S OATH**

I, Earline James, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

Earline James  
(Applicant's Signature)

Sworn to before me  
At Spartanburg City S.C.

This 11th day of February, 2009

Jerry O McKenzie  
(Notary Public)

Commission Expires: February 11, 2009